

Deductible Individual \$5,000 Deductible Family \$10,000 In-Network Coinsurance 30% coinsurance after deductible Maximum Out-of-Pocket - Individual \$6,500 Maximum Out-of-Pocket - Family \$13,000 Network PHCS Wrap Services \$75 Emergency Room \$350 Urgent Care \$75 Inpatient Hospital 30% coinsurance after deductible 10patient Physician 30% coinsurance after deductible 30% coinsurance after de	Plan	4C - \$5000/70%/\$6500 Plus
Deductible Family \$10,000 In-Network Coinsurance 30% coinsurance after deductible Maximum Out-of-Pocket - Individual \$6,500 Maximum Out-of-Pocket - Family \$13,000 Network PHCS Wrap Services Emergency Room \$350 Urgent Care \$75 Inpatient Hospital 30% coinsurance after deductible Inpatient Physician 30% coinsurance after deductible Office Visit Specialist \$55 Office Visit Specialist \$55 Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Deventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Outpatient Racility (Ambulatory) 30% coinsurance after deductible Outpatient Profice Visit Mental Health Skilled Nursing Facility 30% coinsurance after deductible Outpatient Profice Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Ohiropractic \$8 Preferred Brand \$45 Non-Preferred Brand \$45 Non-Preferred Brand \$90		In Network
In-Network Coinsurance Maximum Out-of-Pocket - Individual \$6,500 Maximum Out-of-Pocket - Family \$13,000 Network PHCS Wrap Services Emergency Room Urgent Care Inpatient Hospital Inpatient Hospital Inpatient Physician Office Visit PCP \$40 Office Visit Specialist \$55 Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Sys Pharmacy Generic \$8 Preferred Brand \$45 No-Preferred Brand Says coinsurance after deductible \$6,500 \$13,000 \$	Deductible Individual	\$5,000
Maximum Out-of-Pocket - Individual \$6,500 Maximum Out-of-Pocket - Family \$13,000 Network PHCS Wrap Services Emergency Room \$350 Urgent Care \$75 Inpatient Hospital 30% coinsurance after deductible Inpatient Physician 30% coinsurance after deductible Office Visit PCP \$40 Office Visit PCP \$40 Imaging (CT/PET Scans, MRIs) 30% coinsurance after deductible 30	Deductible Family	\$10,000
Maximum Out-of-Pocket - Family \$13,000 Network PHCS Wrap Services Emergency Room \$350 Urgent Care \$75 Inpatient Hospital 30% coinsurance after deductible Inpatient Physician 30% coinsurance after deductible Office Visit PCP \$40 Office Visit Specialist \$55 Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) 30% coinsurance after deductible Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Ohiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	In-Network Coinsurance	30% coinsurance after deductible
Network PHCS Wrap Services Emergency Room \$350 Urgent Care \$75 Inpatient Hospital 30% coinsurance after deductible Inpatient Physician 30% coinsurance after deductible Office Visit PCP \$40 Office Visit Specialist \$55 Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand	Maximum Out-of-Pocket - Individual	\$6,500
Services Emergency Room Urgent Care \$75 Inpatient Hospital Inpatient Physician Office Visit PCP \$40 Office Visit Specialist Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging 30% coinsurance after deductible Outpatient April Swcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic \$40 Imaging (CT/PET Scans, MRIs) 30% coinsurance after deductible No Charge No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical Outpatient Surgery Physician/Surgical S40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Maximum Out-of-Pocket - Family	\$13,000
Emergency Room Urgent Care S75 Inpatient Hospital Inpatient Physician Office Visit PCP S40 Office Visit Specialist Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational/Physical Therapy Ave Coupational/Physical Therapy Breventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Seneric S8 Preferred Brand S90 Sow coinsurance after deductible S355 S350 S40 Sow coinsurance after deductible S40 S45 S40 S40 S40 S40 S40 S45 S40 S40 S45 S40	Network	PHCS Wrap
Urgent Care \$75 Inpatient Hospital 30% coinsurance after deductible Inpatient Physician 30% coinsurance after deductible Office Visit PCP \$40 Office Visit Specialist \$55 Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) 30% coinsurance after deductible Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Services	
Inpatient Hospital Inpatient Physician 30% coinsurance after deductible Inpatient Physician 30% coinsurance after deductible Office Visit PCP \$40 Office Visit Specialist \$55 Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) 30% coinsurance after deductible Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Ohiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand	Emergency Room	\$350
Inpatient Physician Office Visit PCP \$40 Office Visit Specialist \$55 Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational/Physical Therapy The Visit Mental Health Speech Therapy Occupational/Physical Therapy The Visit Mental Health Speech Therapy Occupational/Physical Therapy The Visit Mental Health Speech Therapy The Visit Mental Health Speech Therapy The Visit Mental Health Speech Therapy The Visit Mental Health The Visit Mental Health Speech Therapy The Visit Mental Health Speech Therapy The Visit Mental Health The Visit Mental Health Speech Therapy The Visit Mental Health Speech Therapy The Visit Mental Health The Visit Mental Health Speech Therapy The Visit Mental Health The Visit Mental Health Speech Therapy The Visit Mental Health The Visit Mental Health Speech Therapy The Visit Mental Health The Visit Men	Urgent Care	\$75
Office Visit PCP Office Visit Specialist Office Visit Specialist Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand	Inpatient Hospital	30% coinsurance after deductible
Office Visit Specialist \$55 Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) 30% coinsurance after deductible Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical 30% coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Inpatient Physician	30% coinsurance after deductible
Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$90	Office Visit PCP	\$40
Imaging (CT/PET Scans, MRIs) Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Office Visit Specialist	\$55
Speech Therapy 30% coinsurance after deductible Occupational/Physical Therapy 30% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Office Visit Mental Health	\$40
Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Preferred Brand No Charge 30% coinsurance after deductible \$40 In-Network Only. Limited to 20 Visits.	Imaging (CT/PET Scans, MRIs)	30% coinsurance after deductible
Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Speech Therapy	30% coinsurance after deductible
Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Occupational/Physical Therapy	30% coinsurance after deductible
X-Rays/Diagnostic Imaging 30% coinsurance after deductible Skilled Nursing Facility 30% coinsurance after deductible Outpatient Facility (Ambulatory) 30% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Preventative/Screening/Immunization	No Charge
Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Preferred Brand Non-Preferred Brand 30% coinsurance after deductible 30% coinsurance after deductible \$40 In-Network Only. Limited to 20 Visits. \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Lab Outpatient/Prof Svcs	No Charge
Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Preferred Brand Non-Preferred Brand 30% coinsurance after deductible 30% coinsurance after deductible \$40 In-Network Only. Limited to 20 Visits. \$8 Preferred Brand \$45 Non-Preferred Brand \$90	X-Rays/Diagnostic Imaging	30% coinsurance after deductible
Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic Preferred Brand \$45 Non-Preferred Brand \$90	Skilled Nursing Facility	30% coinsurance after deductible
Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Outpatient Facility (Ambulatory)	30% coinsurance after deductible
Pharmacy Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Outpatient Surgery Physician/Surgical	30% coinsurance after deductible
Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90	Chiropractic	\$40 In-Network Only. Limited to 20 Visits.
Generic \$8 Preferred Brand \$45 Non-Preferred Brand \$90		
Preferred Brand \$45 Non-Preferred Brand \$90	Pharmacy	
Non-Preferred Brand \$90	Generic	\$8
	Preferred Brand	\$45
Specialty 25% coinsurance*	Non-Preferred Brand	\$90
	Specialty	25% coinsurance*

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$13,000
Deductible Family	\$26,000

^{*25%} coinsurance up to \$400 maximum for any 1 (one) script.

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